

RECEIPT # _____

**2009 TROY RECREATION DEPARTMENT
SWIM LESSONS
Registration begins April 1, 2009**

Participant's Name _____ Male/Female _____
Address _____ Phone _____
(street) (city) (zip)
Birthdate _____ Age _____
Parent's Name _____
E-Mail Address _____

Parent & Tot Swim (6 mos.-3 yrs.)
(Limit of 15 Couples)
10:35-11:05 a.m.

4 Yr. Old Swim
(Class Limit of 10)
10:35-11:05 a.m.

5 Yr. Old Swim
(Class Limit of 10)
10:35-11:05 a.m.

_____ Session I	June 15-June 25	N/A	<input type="checkbox"/> 4 Yr. Old Swim	<input type="checkbox"/> 5 Yr Old Swim
_____ Session II	June 29-July 9	<input type="checkbox"/> Parent & Tot Swim	<input type="checkbox"/> 4 Yr. Old Swim	<input type="checkbox"/> 5 Yr Old Swim
_____ Session III	July 13-July 23	<input type="checkbox"/> Parent & Tot Swim	<input type="checkbox"/> 4 Yr. Old Swim	<input type="checkbox"/> 5 Yr Old Swim
_____ Session IV	July 27-August 6	N/A	<input type="checkbox"/> 4 Yr. Old Swim	<input type="checkbox"/> 5 Yr Old Swim

Youth Swim (Ages 6-17)
Class Limit of 30

Participants will be grouped with their appropriate skill level after the first day of class.
Participant registers for session and time that best suits your schedule.

_____ Session I	June 15-June 25	<input type="checkbox"/> 8:45 a.m.	<input type="checkbox"/> 9:20 a.m.	<input type="checkbox"/> 10:00 a.m.
_____ Session II	June 29-July 9	<input type="checkbox"/> 8:45 a.m.	<input type="checkbox"/> 9:20 a.m.	<input type="checkbox"/> 10:00 a.m.
_____ Session III	July 13-July 23	<input type="checkbox"/> 8:45 a.m.	<input type="checkbox"/> 9:20 a.m.	<input type="checkbox"/> 10:00 a.m.
_____ Session IV	July 27-August 6	<input type="checkbox"/> 8:45 a.m.	<input type="checkbox"/> 9:20 a.m.	<input type="checkbox"/> 10:00 a.m.

NOTE: CLASSES RUN MONDAY - THURSDAY

REGISTRATION FEE: \$20.00 PER SESSION for TROY AQUATIC PARK MEMBERS
\$32.00 PER SESSION for NON – TROY AQUATIC PARK MEMBERS

AMOUNT PAID \$ _____

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of swimming, do give permission for our son/daughter to participate in the Youth Swim Lessons. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants, as a result of injuries incurred while participating in the swim program.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement indicating such.